

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>10/519151</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing		\$ <u>100⁰⁰</u>
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>100⁰⁰</u>	
		8 TO BE REFUNDED BY:	
		Treasury Check	
		Credit Deposit A/C #:	
		<div style="display: flex; align-items: center;"> 9 <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 20%; height: 20px;"></div> <div style="width: 20%; height: 20px;"></div> <div style="width: 20%; height: 20px;"></div> <div style="width: 20%; height: 20px;"></div> <div style="width: 20%; height: 20px;"></div> </div> </div> </div>	
10 REASON:			
<input checked="" type="checkbox"/>	Overpayment <u>Search Fee</u>		
<input type="checkbox"/>	Duplicate Payment		
No Fee Due (Explanation):			
11 REFUND REQUESTED BY: <u>E. Young</u>			
TYPED/PRINTED NAME: <u>Francine Young</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: _____		PHONE: _____	
OFFICE: _____			

THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: